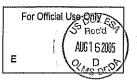
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 18139	2. Fiscal Year Covered From:	
	07/51/204 Through: 12/31/2004	
3. Name and address of person filing.	Name, file number, and address of labor organization.	
Name Louds A Morto	Name Unite Here local 25	
	Labor Organization File Number 506434	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 8/1 R. St. N.W. #304	Street (UO3 K, St. N.W. 7th Plant	
city Washington	city Washington DC.	
State ICC. ZIP Code +4 ZUJUJ	State DC ZIP Code + 4 ZOOO/	
5. Position in labor organization. Business Agent	In 2004 Executive Board-Assistant forth	
	TO VICA-PRISIÚS	
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Chroni I	7.b. Amount.	
Street		
City City	September 1 and 1	
State ZIP Code + 4		
Signature		
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
signed Signed Month	On 8/5/05 202 - 274 - 95 () Date Telephone Number	

Name of Person Filing Linda A. Martin	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actically any part of which consists of buying from or selling or leasing directly or included ing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise	
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any		
Street	The state of the s	
googgegggggggggggggggggggggggggggggggg	11.b. Approximate dollar value of such dealing.	And commentation of the comment of the state
City Res	12 a Notura of interest hold or income received	
City State ZIP Code + 4	12.a. Nature of interest held or income received.	
	12.a. Nature of interest held or income received. 12.b. Amount.	
	12.b. Amount.	
C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	12.b. Amount.	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	12.b. Amount. ar parts A and B above) or other thing of value. 14.a. Nature of payment. Amazaca a Capass	GA Card
C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Goup Denhal Service	12.b. Amount. er parts A and B above) or other thing of value. 14.a. Nature of payment. Amunician Capress On on About Dec	GTA Card
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Group Derhal Service Trade Name, if any:	12.b. Amount. ar parts A and B above) or other thing of value. 14.a. Nature of payment. Amazaca a Capass	G. A. Card
C. Received from any employer (other than an employer covered undoor from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Group Denhal Service Trade Name, if any: P.O. Box, Bldg., Room No., if any Street Mockyalle Pikel Suite G50	12.b. Amount. er parts A and B above) or other thing of value. 14.a. Nature of payment. Amunician Capress On on About Dec	GTA Card
C. Received from any employer (other than an employer covered undo or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Goup Denhal Service Trade Name, if any: P.O. Box, Bldg., Room No., if any Street III Rockylle Pike Suite G50	12.b. Amount. er parts A and B above) or other thing of value. 14.a. Nature of payment. Amunician Capress On on About Dec	GTA Card

Name of Person Filing Lindh H. Marton		File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 10. If 9.b. or 9.c. is checked give trust or employer's name.	9. Business deals with: a. Labor Organizati b. Trust c. Employer			
10. If 3.0. of 3.0. is discoved give trust of employer's frame.				
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
	11.b. Approximate dollar value	e of such dealing.		
The state of the s				
City	12.a. Nature of interest held	or income received.		
State ZIP Code + 4		or income received.		
And a second control of the control	12.a. Nature of interest held 12.b. Amount.	or income received.		
And a second control of the control	12.b. Amount.	or income received.		
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	12.b. Amount.	or income received.		
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	12.b. Amount. If parts A and B above) or other thing of value. 14.a. Nature of payment.			
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	12.b. Amount. If parts A and B above) or other thing of value. 14.a. Nature of payment.			
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	12.b. Amount. If parts A and B above) or other thing of value. 14.a. Nature of payment.			
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Authorized Code + 4	12.b. Amount. If parts A and B above) or other thing of value. 14.a. Nature of payment.			
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Aud Hours Log. Trade Name, if any:	12.b. Amount. If parts A and B above) or other thing of value. 14.a. Nature of payment.			
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Aug. LSq. Trade Name, if any: P.O. Box, Bldg., Room No., if any	12.b. Amount. If parts A and B above) or other thing of value. 14.a. Nature of payment.	Property December		
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Authorized LSq. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street Authorized Relations Consultant (including trade name).	12.b. Amount. If parts A and B above) or other thing of value. 14.a. Nature of payment.			

Name of Person Filing CINDA It. IN Alth	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name			
Trade Name, if any:	a. Labor Organization b. Trust		
P.O. Box, Bldg., Room No., if any	c. Employer		
The state of the s			
State ZIP Code + 4			
State ZIP Code + 4			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.		
Secretarian designation of the secretarian designation desig	Transport of the control of the cont		
City	Transport of the control of the cont		
City	12.a. Nature of interest held or income received. 12.b. Amount. 12.b. Amount.		
City State ZIP Code + 4 C. Received from any employer (other than an employer covered under	12.a. Nature of interest held or income received. 12.b. Amount. 12.b. Amount.		
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	12.a. Nature of interest held or income received. 12.b. Amount. 12.b. Amount. 12.b. Amount. 14.a. Nature of payment.		
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	12.a. Nature of interest held or income received. 12.b. Amount. 12.b. Amount. 12.b. Amount. 14.a. Nature of payment.		
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Rugan 4 Assucus (S	12.a. Nature of interest held or income received. 12.b. Amount. 12.b. Amount. 12.b. Amount. 14.a. Nature of payment.		
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Regen A ASSICIALS Trade Name, if any:	12.a. Nature of interest held or income received. 12.b. Amount. 12.b. Amount. 12.b. Amount.		
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Rugan A Assuciaces Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1003 K, St. N.W. 31471667	12.a. Nature of interest held or income received. 12.b. Amount. 12.b. Amount. 14.a. Nature of payment. 14.a. Nature of payment. 15.b. Amount. 16.b. Amount. 17.b. Amount. 18.b. Amount. 19.b. Amount. 19.b. Amount. 10.b. Am		

· · · · · · · · · · · · · · · · · · ·	
Name of Person Filing Lindo A. Mathi	File Number U-
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business vely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	
	12.b. Amount.
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	•
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name Associated Administrators	Small colerdor pocket size
Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 10624 York 2d. City Cockeasulle State MD. ZIP Code +4 71030	"2804" On or About December 15, 2005
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

1 - - - 3